

09/585,472

SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID. NO.	DATE
FEES DETERMINATION	JA.		
O.I.P.E. CLASSIFIER		6/10/60	
FORMALITY REVIEW		21/4/760	
RESPONSE FORMALITY REVIEW	AS	50227	8/1/800

INDEX OF CLAIMS

Rejected      M      Non-elected  
Allowed      N      Interference  
- (Through numbers)      Canceled      A      Appeal  
+      Restricted      O      Objected

Claim	Date	Claim	Date	Claim	Date
1	1/1/60	51		101	
2	1/1/60	52		102	
3	1/1/60	53		103	
4	1/1/60	54		104	
5	1/1/60	55		105	
6	1/1/60	56		106	
7	1/1/60	57		107	
8	1/1/60	58		108	
9	1/1/60	59		109	
10	1/1/60	60		110	
11	1/1/60	61		111	
12	1/1/60	62		112	
13	1/1/60	63		113	
14	1/1/60	64		114	
15	1/1/60	65		115	
16	1/1/60	66		116	
17	1/1/60	67		117	
18	1/1/60	68		118	
19	1/1/60	69		119	
20	1/1/60	70		120	
21	1/1/60	71		121	
22	1/1/60	72		122	
23	1/1/60	73		123	
24	1/1/60	74		124	
25	1/1/60	75		125	
26	1/1/60	76		126	
27	1/1/60	77		127	
28	1/1/60	78		128	
29	1/1/60	79		129	
30	1/1/60	80		130	
31	1/1/60	81		131	
32	1/1/60	82		132	
33	1/1/60	83		133	
34	1/1/60	84		134	
35	1/1/60	85		135	
36	1/1/60	86		136	
37	1/1/60	87		137	
38	1/1/60	88		138	
39	1/1/60	89		139	
40	1/1/60	90		140	
41	1/1/60	91		141	
42	1/1/60	92		142	
43	1/1/60	93		143	
44	1/1/60	94		144	
45	1/1/60	95		145	
46	1/1/60	96		146	
47	1/1/60	97		147	
48	1/1/60	98		148	
49	1/1/60	99		149	
50	1/1/60	100		150	

If more than 150 claims, 7 1/2 sheets  
staple additional sheet here

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